

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

JOHNNY D. JONES
LISA D JONES
Debtor(s)

Case No. 06-15343

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 11/21/2006.
- 2) The plan was confirmed on 04/03/2007.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 09/09/2008, 01/19/2010.
- 5) The case was converted on 01/26/2010.
- 6) Number of months from filing to last payment: 34.
- 7) Number of months case was pending: 39.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$37,809.00.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

| | |
|--|-------------|
| Total paid by or on behalf of the debtor | \$27,888.76 |
| Less amount refunded to debtor | \$0.00 |

NET RECEIPTS: **\$27,888.76**

Expenses of Administration:

| | |
|---------------------------------------|------------|
| Attorney's Fees Paid Through the Plan | \$2,500.00 |
| Court Costs | \$0.00 |
| Trustee Expenses & Compensation | \$1,294.86 |
| Other | \$0.00 |

TOTAL EXPENSES OF ADMINISTRATION: **\$3,794.86**

Attorney fees paid and disclosed by debtor: \$500.00

Scheduled Creditors:

| Creditor Name | Class | Claim Scheduled | Claim Asserted | Claim Allowed | Principal Paid | Int. Paid |
|--------------------------------|-----------|-----------------|----------------|---------------|----------------|-----------|
| ADVANCED DERMATOLOGY | Unsecured | 30.00 | NA | NA | 0.00 | 0.00 |
| ADVANCED DERMATOLOGY | Unsecured | 30.00 | NA | NA | 0.00 | 0.00 |
| ALAN GASTEIER DDS | Unsecured | 150.00 | NA | NA | 0.00 | 0.00 |
| ASSET ACCEPTANCE CORP | Unsecured | NA | 734.39 | 734.39 | 0.00 | 0.00 |
| AT&T | Unsecured | 140.95 | NA | NA | 0.00 | 0.00 |
| B LINE LLC | Unsecured | 401.00 | 401.46 | 401.46 | 0.00 | 0.00 |
| CAPITAL ONE BANK | Unsecured | 942.00 | 975.71 | 975.71 | 0.00 | 0.00 |
| CENTRAL DUPAGE HEALTH | Unsecured | 180.00 | NA | NA | 0.00 | 0.00 |
| CROSSING BOOK CLUB | Unsecured | 72.00 | NA | NA | 0.00 | 0.00 |
| DELNOR COMMUNITY HOSPITAL | Unsecured | 1,181.00 | NA | NA | 0.00 | 0.00 |
| DOUGLAS HOAD DC | Unsecured | 366.00 | NA | NA | 0.00 | 0.00 |
| DR KOPAN | Unsecured | 200.00 | NA | NA | 0.00 | 0.00 |
| EDWARD HOSPITAL | Unsecured | 763.00 | NA | NA | 0.00 | 0.00 |
| IL DEPT OF EMPLOYMENT SECURITY | Unsecured | 4,180.75 | 5,605.75 | 5,605.75 | 0.00 | 0.00 |
| IL DEPT OF EMPLOYMENT SECURITY | Unsecured | 1,425.00 | NA | NA | 0.00 | 0.00 |
| ILLINOIS DEPT REVENUE | Unsecured | NA | 112.50 | 112.50 | 0.00 | 0.00 |
| ILLINOIS DEPT REVENUE | Priority | NA | 4,445.91 | 4,445.91 | 0.00 | 0.00 |
| INTERNAL REVENUE SERVICE | Priority | 619.00 | 622.27 | 622.27 | 0.00 | 0.00 |
| INTERNAL REVENUE SERVICE | Unsecured | NA | 35.65 | 35.65 | 0.00 | 0.00 |
| KANE ANESTHESIA ASSOC | Unsecured | 702.00 | NA | NA | 0.00 | 0.00 |
| KCA FINANCIAL | Unsecured | 463.00 | NA | NA | 0.00 | 0.00 |
| MEDICAL BUSINESS BUREAU | Unsecured | 112.00 | NA | NA | 0.00 | 0.00 |
| MERCHANTS CREDIT GUIDE | Unsecured | 50.00 | NA | NA | 0.00 | 0.00 |
| NCO FINANCIAL SRV | Unsecured | 340.00 | NA | NA | 0.00 | 0.00 |
| NCO FINANCIAL SYSTEMS | Unsecured | 209.00 | 209.39 | 209.39 | 0.00 | 0.00 |
| NICOR GAS | Unsecured | 33.00 | NA | NA | 0.00 | 0.00 |
| ORTHOPEDIC SPINE & SURGERY | Unsecured | 1,750.00 | 1,209.50 | 1,209.50 | 0.00 | 0.00 |
| PORTFOLIO RECOVERY ASSOC | Unsecured | 924.00 | 882.78 | 882.78 | 0.00 | 0.00 |
| PROFESSIONAL COLLECTION SRV | Unsecured | 250.00 | 250.00 | 250.00 | 0.00 | 0.00 |
| PROGRESSIVE | Unsecured | 340.00 | NA | NA | 0.00 | 0.00 |
| PROVENA MERCY CENTER | Unsecured | 1.00 | NA | NA | 0.00 | 0.00 |

Scheduled Creditors:

| Creditor Name | Class | Claim Scheduled | Claim Asserted | Claim Allowed | Principal Paid | Int. Paid |
|----------------------------|-----------|-----------------|----------------|---------------|----------------|-----------|
| REGIONS MORTGAGE | Secured | 40,375.00 | 40,374.74 | 40,374.74 | 24,093.90 | 0.00 |
| REGIONS MORTGAGE | Secured | NA | NA | NA | 0.00 | 0.00 |
| RESURGENT CAPITAL SERVICES | Unsecured | 35.00 | 1,273.25 | 1,273.25 | 0.00 | 0.00 |
| RIZA A BABER MD | Unsecured | 94.68 | NA | NA | 0.00 | 0.00 |
| RJM ACQUISITIONS LLC | Unsecured | NA | 91.08 | 91.08 | 0.00 | 0.00 |
| RJM ACQUISITIONS LLC | Unsecured | NA | 72.97 | 72.97 | 0.00 | 0.00 |
| ROSECRANCE ON HARRISON | Unsecured | 17,460.58 | NA | NA | 0.00 | 0.00 |
| SPRINT NEXTEL | Unsecured | 396.30 | 734.65 | 734.65 | 0.00 | 0.00 |
| STEVEN M LEWIS MD | Unsecured | 89.39 | NA | NA | 0.00 | 0.00 |
| TRI CITY AMBULANCE | Unsecured | 250.00 | NA | NA | 0.00 | 0.00 |
| TRI CITY RADIOLOGY | Unsecured | 173.00 | NA | NA | 0.00 | 0.00 |
| US CELLULAR | Unsecured | 454.00 | NA | NA | 0.00 | 0.00 |
| VALLEY EMERGENCY CARE | Unsecured | 105.00 | 1,325.70 | 1,325.70 | 0.00 | 0.00 |
| WALGREENS | Unsecured | 14.99 | NA | NA | 0.00 | 0.00 |
| WEST GATE FAMILY MEDICINE | Unsecured | 12.41 | NA | NA | 0.00 | 0.00 |

Summary of Disbursements to Creditors:

| | <u>Claim Allowed</u> | <u>Principal Paid</u> | <u>Interest Paid</u> |
|-------------------------------------|----------------------|-----------------------|----------------------|
| Secured Payments: | | | |
| Mortgage Ongoing | \$0.00 | \$0.00 | \$0.00 |
| Mortgage Arrearage | \$40,374.74 | \$24,093.90 | \$0.00 |
| Debt Secured by Vehicle | \$0.00 | \$0.00 | \$0.00 |
| All Other Secured | \$0.00 | \$0.00 | \$0.00 |
| TOTAL SECURED: | \$40,374.74 | \$24,093.90 | \$0.00 |
| Priority Unsecured Payments: | | | |
| Domestic Support Arrearage | \$0.00 | \$0.00 | \$0.00 |
| Domestic Support Ongoing | \$0.00 | \$0.00 | \$0.00 |
| All Other Priority | \$5,068.18 | \$0.00 | \$0.00 |
| TOTAL PRIORITY: | \$5,068.18 | \$0.00 | \$0.00 |
| GENERAL UNSECURED PAYMENTS: | \$13,914.78 | \$0.00 | \$0.00 |

Disbursements:

| | | |
|------------------------------|--------------------|---------------------------|
| Expenses of Administration | <u>\$3,794.86</u> | |
| Disbursements to Creditors | <u>\$24,093.90</u> | |
| TOTAL DISBURSEMENTS : | | <u>\$27,888.76</u> |

12) The trustee certifies that the foregoing summary is true and complete and all administrative matters for which the trustee is responsible have been completed. The trustee requests that the trustee be discharged and granted such relief as may be just and proper.

Dated: 02/10/2010

By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.